



Graduate Admission Application

Send the application and \$20 application fee to: Florida International University
 Office of Admissions
 P.O. Box 659003
 Miami, FL 33265-9003

Checks and money orders should be made payable to Florida International University. Do not send cash. Your application will not be processed without the required fee. Request **official transcripts** from all previous institutions to be sent to the address above. Official test scores must be sent directly from the Educational Testing Service to the Office of Admissions.

<p>1. U.S. Social Security Number</p> <p>Last Name _____ Jr., III, etc. _____</p> <p>First Name _____</p> <p>Middle Name _____</p>	<p>2. Date of Birth: _____ (mm/dd/yyyy) Place of Birth: _____ City _____ State _____ Country _____ Nation of Citizenship _____ Country _____</p>																										
<p>5. Current Mailing Address:</p> <p>Street & Number _____ City _____ State _____ Zip _____</p> <p>Permanent Mailing Address:</p> <p>Street & Number _____ City _____ State _____ Zip _____</p> <p>Phone Number: _____ Work Number: _____ Fax Number: _____ E-mail Address: _____ Work Zip Code: _____</p>	<p>4. If your transcripts, test scores, etc. might arrive under any name(s) other than those listed above, enter that name here: _____</p> <p>6. Each SUS institution is a recipient of federal dollars and is required by the federal government to solicit certain demographic information to meet federal reporting requirements. Applicants are requested to provide this information voluntarily. This information will not be utilized in a discriminatory manner.</p> <p>White (not of Hispanic origin) Black (not of Hispanic origin) American Indian or Alaskan Native Asian or Pacific Islander Hispanic</p>																										
<p>7. Non-U.S. citizens only: Are you a permanent resident alien? Yes, attach a copy of both sides of your permanent resident alien card. No; What visa do you presently hold? _____</p>	<p>9. For which term, in which year, do you seek admission? August _____ January _____ June _____</p>																										
<p>8. Program/Major: _____ Specialization within major: _____</p> <p>Degree Goal: (specify one) Master's _____ Specialist _____ Engineer _____ Doctorate _____</p>	<p>10. Have you ever attended FIU? Yes (Term: _____ Year: _____) No _____</p> <p>11. Are you currently enrolled at FIU? Yes _____ No _____</p>																										
<p>12. An official transcript from each postsecondary school, college, or university you have attended must be provided.</p> <p>Please list in chronological order every postsecondary institution you have attended or will attend prior to entering this university. (You must include schools even if you did not complete a term.) Include this university if you attended previously. For multi-campus institutions, indicate the specific campus.</p> <p>Failure to list all institutions could result in your application being denied or your admission being rescinded. Use a separate sheet if necessary.</p> <p>School (Please do not abbreviate) _____ City, State or Nation _____</p>	<p>Enter dates of attendance (including present enrollment) and degrees earned or expected before attending this university. Include Associate Degrees, certificates, or diplomas.</p> <table border="1"> <thead> <tr> <th colspan="2">Dates of Attendance</th> <th colspan="2">Degree/Date</th> <th colspan="2">Credit Hours</th> </tr> <tr> <th>From Mo. Yr.</th> <th>To Mo. Yr.</th> <th>Earned / Expected Type</th> <th>Mo. Yr.</th> <th>Earned / Expected Number Unit Sem./Qtr.</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Dates of Attendance		Degree/Date		Credit Hours		From Mo. Yr.	To Mo. Yr.	Earned / Expected Type	Mo. Yr.	Earned / Expected Number Unit Sem./Qtr.															
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13. Highest degree earned prior to the anticipated term of enrollment:
 Bachelor's Master's Specialist Engineer
 Doctorate Other: _____

14. Residency Status:
 Florida Resident
 Non-Florida Resident
(All applicants must complete the residency affidavit.)

15. If you have taken or plan to take any of the tests below, enter the month and year. Official records of all test scores must be provided.

Test	1st Time		2nd Time		3rd Time		4th Time	
	Mo.	Yr.	Mo.	Yr.	Mo.	Yr.	Mo.	Yr.
GRE								
GMAT								
TOEFL								
Other								

If English is not your native language and if you have not been enrolled for one year or longer at an institution in an English-speaking country, the Test of English as a Foreign Language (TOEFL) is required. (Residents of Puerto Rico must submit TOEFL scores.)

17. Occupational or Professional Experience After Graduation From College: Indicate how you spent or how you plan to spend all the time from graduation until enrollment at Florida International University. Use additional paper, if needed.

Position	Location - include city and state	From		To	
		Mo.	Yr.	Mo.	Yr.

19. If you wish to request special admission consideration based on a disability, check here.

I understand that this application is for admission to Florida International University and is valid only for the term indicated in item 8 on page 1. I also understand and agree that I will be bound by the university's regulations concerning application deadline dates and admission requirements. I further agree to the release of any transcript, student records, and test scores to this institution. I certify that the information given in this application is complete and accurate, and I understand that to make false or fraudulent statements within this application or residence statement may result in disciplinary action, denial of admission and invalidation of credits or degrees earned. If admitted, I hereby agree to abide by the policies of the Florida Board of Education and the rules and regulations of the university. Should any of the information I have given change prior to my entry to the university, I shall immediately notify the Office of Admissions. I understand that the \$20 check or money order I submit with this application is a nonrefundable fee.

 Applicant's Signature

 Date

Information for Residency Classification

A Florida "resident for tuition purposes" is a person who has, or a dependent person whose parent or legal guardian has, established and maintained legal residence in Florida for at least twelve months. Residence in Florida must be as a bonafide domicile rather than for the purpose of maintaining a residence incident to enrollment at an institution of higher education. To qualify as a Florida resident for tuition purposes, you must be a U.S. Citizen, permanent resident alien, or legal alien granted indefinite stay by the Immigration and Naturalization Service. Other persons not meeting the twelve-month legal residence requirement may be classified as Florida residents for tuition purposes only if they fall within one of the limited special categories authorized by the Florida Legislature and Florida Board of Education. All other persons are ineligible for classification as a Florida "resident for tuition purposes." Living in or attending school in Florida will not, in itself, establish legal residence. Students who depend on out-of-state parents for support are presumed to be legal residents of the same state as their parents.

Non-Florida Residents

I understand that I do not qualify as a Florida resident for tuition purposes for the term for which this application is submitted and that if I should qualify for some future term, it will be necessary for me to file the required documentation prior to the beginning of the term to be considered for Florida residency classification.

Signature in Ink: _____ Date: _____

Florida Residents

This section must be completed in full if you claim Florida residency for tuition purposes.

- **Attach copies (if any) of documents required.**
- A notarized copy of your and/or your parents' most recent tax return or other documentation **may** be requested to establish dependence/independence.
Dependent: a person for whom 50% or more of his/her support is provided by another as defined by the Internal Revenue Service.
Independent: a person who provided more than 50% of his/her own support.
- A copy of marriage certificate is required in all cases of spouse claiming partner's residency.
 - A. I am an **independent person** and have maintained legal residence in Florida for at least 12 months.
 - B. I am a **dependent person** and my parent or legal guardian has maintained legal residence in Florida for at least 12 months.
 - C. I am a **dependent person** who has resided for **five years** with an adult relative other than my parent or legal guardian, and my relative has maintained legal residence in Florida for at least 12 months.
 - D. I am **married to a person** who has maintained legal residence in Florida for at least 12 months. I have now established legal residence and intend to make Florida my permanent home. (**Required:** Copy of marriage certificate, claimant's voter registration, driver license and vehicle registration.)
 - E. I was **previously enrolled at a Florida state institution** and classified as a Florida resident for tuition purposes. I abandoned my Florida domicile **less than 12 months** ago and am now re-establishing Florida legal residence.
 - F. According to the United States Immigration and Naturalization Service, I am a **permanent resident alien or other legal alien** granted indefinite stay and have maintained a domicile in Florida for at least 12 months. (**Required:** INS documentation and proof of Florida residency status.)
 - G. I am a **member of the armed services** of the United States and I am stationed in Florida on active military duty pursuant to military orders, or whose home of record is Florida, or I am a member's spouse or dependent child. (**Required:** Copy of military orders or DD2058 showing home of record.)
 - H. I am a full-time instructional or administrative employee, **employed by a Florida public school, community college or institution of higher education**, or I am the **employee's spouse or dependent child**. (**Required:** Copy of employment verification.)
 - I. I am part of the **Latin American/Caribbean Scholarship program**. (**Required:** Copy of scholarship papers.)
 - J. I am a qualified beneficiary under the terms of the **Florida Prepaid College Program** (s.240.551, F.S.).
 - K. I am living on the Isthmus of Panama and have completed 12 consecutive months of college work at the F.S.U. Panama Canal Branch, or I am the student's spouse or dependent child. (**Required:** Copy of marriage certificate or proof of dependency.)
 - L. I am a full-time **employee of a state agency** or political subdivision of the state whose student fees are paid by the state agency or political subdivision for the purpose of job-related law enforcement or corrections training.
 - M. I am a **Southern Regional Education Board's Academic Common Market** graduate student. (**Required:** Certification letter from State Coordinator.)
 - N. I am a **McKnight Fellowship** recipient. (**Required:** Verification from graduate studies.)

Person claiming residency must complete this section in full.

- Documents supporting the establishment of legal residence must be dated, issued, or filed **12 months before the first day of classes** of the term for which a Florida resident classification is sought. All documentation is subject to verification.
- Additional documentation other than what is required above may be requested in some cases.

Please Print:

1. Name of Student: _____
2. Student's Social Security Number: _____
3. Name of person claiming Florida residency: _____
4. Claimant's relationship to student: _____
5. Claimant's permanent legal address: _____
6. Claimant's telephone number: _____

Street/P.O. Box	Apt. No.	City	State	Zip Code
7. Date claimant began establishing legal Florida residence and domicile:				
8. Claimant's voter registration:	State: _____	Number: _____	County: _____	Issue Date: _____
9. Claimant's driver license:	State: _____	Number: _____		Issue Date: _____
10. Claimant's vehicle registration:	State: _____	Tag Number: _____		Issue Date: _____
11. Non-U.S. Citizen only:	Resident Alien Number: _____			

(Copy of both sides of card required.)

I do hereby swear or affirm that the above named student meets all requirements indicated in the checked category above for classification as a Florida resident for tuition purposes. I understand that a false statement in this affidavit will subject me to penalties for making a false statement pursuant to 837.06, Florida Statutes, and to FBE Rule 6C-7.005 F.A.C.

Signature of person claiming Florida residency (as listed in item #3 above)

Date

Revised 9/18/2001